



INTERNATIONAL FILM STUDIES ASSISTANCE PROGRAM (IFSAP)
APPLICATION FORM

PROPONENT'S INFORMATION

NAME: _____
 ADDRESS: _____
 TELEPHONE NUMBER: _____ MOBILE NUMBER: _____
 COMPANY/ORGANIZATION: _____ E-MAIL ADDRESS: _____
 COMPANY/ORGANIZATION ADDRESS: _____
 SEX: _____ MEMBER OF INDIGENOUS PEOPLE: YES ☐ NO ☐ PWD: YES ☐ NO ☐

STUDIES/PROGRAM DETAILS

ORGANIZATION HANDLING THE STUDIES: _____
 COUNTRY: _____
 STUDIES/PROGRAM: _____
 STUDIES CLASSIFICATION: _____
 INCLUSIVE DATES: _____ EXPECTED DATE OF COMPLETION: _____

REQUEST DETAILS

TYPE OF REQUEST: _____
 DETAIL OF REQUEST: _____

REMARKS:

I HEREBY CERTIFY THAT THE ABOVEMENTIONED INFORMATION ARE TRUE AND CORRECT AS TO THE BEST OF MY KNOWLEDGE.

 SIGNATURE ABOVE THE PROPONENT'S
 PRINTED NAME

 DATE